

# HPP 2017 - 2022 Capability 4 Medical Surge



## Objective 1 - 2 with Activities

*Medical Surge is the ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity. Providing medical surge response is dependent on planning and response capabilities developed in Capability 1 - Foundation for Healthcare and Medical Readiness, Capability 2 - Healthcare and Medical Response Coordination, and Capability 3 - Continuity of Healthcare Service Delivery.*

# Objective 1: Plan for Medical Surge

## Activity 1: Incorporate Medical Surge Planning into Healthcare Organization EOP

- HCC and members need to share information, attain and maintain situational awareness, and manage and share resources
- EOPs should be incorporated into the HCC EOP
- EOPs should:
  - Summarize the actions to initiate a response to medical surge
  - Include individual departmental sections to provide specific strategies
  - Clearly communicate with Emergency Operations Center (EOC)
  - Include process for healthcare organizations to request waivers and emergency authorizations
  - Evolve as situational awareness is enhanced

# Activity 2: Incorporate Medical Surge into an Emergency Medical Services emergency Operations Plan

## Medical Surge Elements to Incorporate into EMS EOP:

Category	Elements to incorporate into an EMS EOP
Dispatch	<ul style="list-style-type: none"><li>● Identify procedures to:<ul style="list-style-type: none"><li>○ Alert hospitals of an emergency</li><li>○ Communicate hospital capacity and capability to EMS providers</li><li>○ Track patient distribution (or redistribution)</li><li>○ Change emergency dispatch processes</li><li>○ Assign low priority calls to other resources or alternative forms of transport</li></ul></li></ul>
Response	<ul style="list-style-type: none"><li>● Match appropriate specialized providers and equipment with nature of emergency (HAZMAT trained crews during chemical spills)</li><li>● Consider surge strategies such as changing shift lengths or crew configurations, using alternative vehicles, using community paramedicine</li></ul>

Category	Elements to incorporate into an EMS EOP
Pre-hospital triage and treatment	<ul style="list-style-type: none"><li>• Implement disaster triage procedures/standard operating procedures</li><li>• Consider processes that allow for expanded scope of practice</li><li>• Plan for specialty responses, such as HAZMAT, highly infectious disease, mass burn, mass trauma, and mass pediatric emergencies</li></ul>
Transportation	<ul style="list-style-type: none"><li>• Identify procedures to surge numbers of patients transported per vehicle</li><li>• Identify procedures for changing preferred destination facilities (trauma center, pediatric hospital) or not using the closest hospital</li><li>• Identify procedures for type and level of pre-hospital care delivery and mode of transportation</li><li>• Develop/Implement EMS patient distribution strategies</li><li>• Identify procedures for transporting patients to alternative care sites</li></ul>
Supplies and equipment	<ul style="list-style-type: none"><li>• Utilize physical resources including supplies, equipment, and cached materials to support a medical surge</li></ul>

## Activity 3: Incorporate Medical Surge in HCC Response Plans

Include these elements related to medical surge:

- Strategies to implement if emergency overwhelms regional capacity or speciality care capability, including the execution of crisis standards of care plans
- Strategies for patient tracking, including process for tracking unidentified (John Doe)patients
- Strategies for initial patient distribution in event facility becomes overwhelmed
- Strategies for definitive patient movement out of the affected region coordinated with U.S. Department of Defense (DoD) or Veterans Affairs (VA)
- Process for joint decision making and engagement among the HCC, HCC members, and ESF-8 lead agency

## Objective 2: Respond to a Medical Surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response - Hospitals should activate their EOP to rapidly develop a medical surge proportionate to the emergency

Area	Description
Emergency Department	<ul style="list-style-type: none"><li>• Make beds and surge spaces rapidly available for triage and stabilization, obtain additional staff, equipment, and supplies</li></ul>
General medical, general surgical , and monitored beds	<ul style="list-style-type: none"><li>• Ensure IBA (at 20 percent additional acute hospital inpatient capacity with the first four hours following an emergency) by rapidly prioritizing patients for discharge, maximizing the use of staffed beds, and using non-traditional spaces (observation areas)</li></ul>
Critical Care	<ul style="list-style-type: none"><li>• Rapidly expand capacity by adapting procedural, pre/post operative, and other areas for critical care</li><li>• Assess staff, equipment, and supply needs for these spaces to facilitate requests</li></ul>
Surgical Intervention	<ul style="list-style-type: none"><li>• Secure resources, operating rooms, surgeons, anesthesiologists, operating room nurses, and surgical equipment and supplies</li></ul>

Area	Description
Clinical laboratory	<ul style="list-style-type: none"> <li>• Rapidly expand basic lab services (hematology, chemistries, Gram stain, blood cultures)</li> <li>• Consider use of point of care</li> <li>• Rapidly expand radiology services (diagnostic, ultrasound, CT)</li> </ul>
Staffing	<ul style="list-style-type: none"> <li>• Call back clinical and non-clinical staff, utilize staff in non-traditional roles</li> <li>• Adjust staffing ratios and shifts as required, and implement HCC member staff sharing plans</li> </ul>
Healthcare Volunteer Management	<ul style="list-style-type: none"> <li>• Identify situations that would necessitate volunteers in hospitals</li> <li>• Identify processes to assist with volunteer coordination</li> <li>• Estimate anticipated number of volunteers</li> <li>• Identify Volunteer liability</li> <li>• Leverage existing government and non-government volunteer registrations (MRC)</li> <li>• Develop rapid credential verification process</li> </ul>
Equipment and supplies	<ul style="list-style-type: none"> <li>• Implement emergency equipment , supplies and stocking strategies, and HCC resource sharing agreements</li> </ul>



## Activity 2: Implement Out-of-Hospital Medical Surge Response

HCC out-of-hospital members should share staff and resources and fully integrate within the regions surge response activities

## Activity 3: Develop an Alternate Care System

The utilization of non-traditional settings and modalities for healthcare delivery may be required if demand overwhelms a region's healthcare delivery system for prolonged period, or an emergency has damaged infrastructure and limited access to healthcare

Category	Key Considerations
Telemedicine/virtual medicine	<ul style="list-style-type: none"> <li>• Use telephone, internet, telemedicine consultations, or other virtual platforms to provide consultation between providers</li> <li>• Provide access to specialty care expertise where it does not exist with the HCC to allow for remote triage and initial patient stabilization</li> <li>• Establish call centers to offer scripted patient support</li> </ul>
Screening/early treatment	<ul style="list-style-type: none"> <li>• Ensure that a section 1135 of Social Security Act waiver is in place if required</li> <li>• Establish assessment and screening centers that allow healthcare delivery system to respond to increased demand for screening and early treatment (e.g. during a pandemic)</li> <li>• Preferentially manage patients with minor symptoms and those that require limited medical interventions</li> </ul>
Medical care at shelters	<ul style="list-style-type: none"> <li>• Provide medical care support at community established shelters(may involve ESAR-VHP, MRC, nursing homes staff, or a variety of ambulatory care providers</li> </ul>
Disaster alternate care facilities selection and operation	<ul style="list-style-type: none"> <li>• Be able to provide non-ambulatory care for patients when hospital beds are not available</li> <li>• Select sites for out-of-hospital patient care management based on recommended guidance</li> <li>• Identify process to assist with multi-agency volunteer coordination to organize</li> <li>• Integrate with Federal Medical Stations (FMS)</li> </ul>

## Activity 4: Provide Pediatric Care during Medical Surge

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All hospitals should be prepared to receive, stabilize, and manage pediatric patients, this will involve HCC and ESF-8 lead agency. HCC should promote member planning for pediatric emergencies

# Activity 5: Provide Surge Management during Chemical or Radiation Emergency Event

HCC members should be prepared to do:

- Provide wet/dry decontamination by personnel trained and equipped according to Occupational Safety and Health Administration (OSHA)
- Ensure involvement/coordination with regional HAZMAT resources
- Distribute/administer available antidotes, including mobilizing CHEMPACK
- Screen to differentiate exposed from unexposed patients
- Develop a process for triage, treatment, and transport (RTR response)
- Manage behavioral health consequences

## Activity 6: Provide Burn Care

Given the limited number of burn specialty hospitals, emergency resulting in large numbers of burn patients will require HCC and ESF-8 involvement

## Activity 7: Provide Trauma Care

HCC and members should coordinate a response to large-scale trauma emergencies with all trauma system partners

## Activity 8: Respond to Behavioral Health needs

Emergencies may have severe emotional impact on survivors, their families, and responders. HCC members should promote behavioral health response that include the following elements:

- Addressing the unique behavioral health needs of children
- Development and use of behavioral health support and strike teams to support the affected population
- Ongoing support for inpatient/outpatient care of psychiatric patients
- Widespread shared information to help providers, patients, family and community members understand symptoms and signs of acute stress
- Behavioral health professionals increasing contact with clients
- Provision of psychological first aid to those impacted

# Activity 9: Enhance Infectious Disease Preparedness

HCCs and members should:

- Screen patients for signs, symptoms, and relevant travel and exposure history
- Support treatment protocol and algorithm use in clinical care (EHRs)
- Document exposure information in EHRs and communicate to partners
- Rapidly isolate patients
- Provide personal protective equipment (PPE) and prophylaxis
- Utilize tertiary care facilities
- Define and implement visitor policies for infectious disease emergencies in collaboration with HCC to ensure uniformity

# HCC in collaboration with ESF-8 lead agency should:

- Expand existing EBOLA concept of operations plan (CONOPs) to enhance preparedness and response for all infectious disease emergencies
- Ensure jurisdictional public health infection control and prevention programs (including healthcare associated infections-HAIs) participate in developing infectious disease response plans
- Develop HCC and regional trainings and strategies for consistent use of PPE
- Include HAI coordinators/ quality improvement professionals in HCC activities
- Develop/integrate a uniform process of continuous screenings
- Coordinate patient distribution for highly pathogenic respiratory viruses/transmissible infections
- Provide real-time information through coordinated HCC
- Identify, utilize , and share leading practices to optimize preparedness



## Activity 10: Distribute Medical Countermeasures during Medical Surge Response

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*In coordination with public health agencies, HCC and member organizations should be prepared to receive and dispense medical countermeasures (MCMs) to patients, responders, and employees and household members during a medical surge emergency (e.g., radiation, botulism, anthrax, and other category A bioterrorism agents).*

# Activity 11: Manage Mass Fatalities

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HCC in collaboration with other partners and stakeholders, should:

- Prepare for surge in initial storage of decedents, including those who will not become medical examiner cases (e.g., pandemic)
- Manage large numbers of family members and friends of decedents who may come to the hospital
- Facilitate identification of temporary, ad hoc mass fatality storage sites in the community (e.g., parking decks, ice rinks) when refrigerated trailers and other conventional storage means are not readily available
- Manage contagious, chemically, or radiologically contaminated remains

# Need More information?

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